Wilbur (H. B.)

"CHEMICAL RESTRAINT" IN THE MANAGEMENT OF THE INSANE

BY

H. B. WILBUR, M.D.

[Reprinted from the ARCHIVES OF MEDICINE, December, 1881]

NEW YORK
G. P. PUTNAM'S SONS
27 & 29 WEST 23D STREET
1881

"CHEMICAL RESTRAINT" IN THE MANAGEMENT OF THE INSANE.

An impression prevails among the medical profession in the United States that in the British asylums for the insane the necessity for restraint by mechanical appliances, such as camisoles, muffs, straps, crib-bedsteads, etc., is obviated by the free use of stupefying drugs. The prevalence of the opinion is easily accounted for. In the United States the subject of the management of the insane, as well as the special study of insanity, has been left by the profession, in the main, to the superintendents of insane asylums. So when these gentlemen, in the annual meetings of their association and in their annual reports, have persistently asserted this substitution of "chemical" for mechanical restraint in British asylums, the medical profession have generally accepted the statement as a fact.

It was a borrowed assertion at the start, but by long-continued iteration it has become an article of faith with the superintendents of American asylums. It had its origin among the British opponents of "non-restraint" more than thirty years ago. These men, like their Ameriean brethren of the present day, believed that the only recourse for dealing with madmen was some form of restraint. With the disuse of mechanical restraint they could conceive of no alternative but resort to prostrating remedies, or of a superior physical force at the hands of muscular attendants. In a letter received from one of the oldest of our superintendents, under date

Reprinted from the ARCHIVES OF MEDICINE, Vol. vi, No. 3, December, 1881.

of September 12th, in defending the use of restraining apparatus, he says:

"I believe that in many cases such means of control and care are alike more effective and humane than the opposite practice of attempting to control reckless, excited, and violent cases by the superior strength of one or several attendants, as the practice of some is, or of 'laying them out' by the use of strong drugs, as is said to be the resort of others."

Dr. Gray, the editor of the *American Journal of Insanity*, on his return from a late visit to Europe, informed his brethren of the New York State Medical Society that some of the English superintendents "used practically chemical or medicinal restraint, which, in the end, would prove more injurious than mechanical restraint."

As to the former alternative, it may be said that while one can hardly pass through any of our state asylums without seeing the various forms of mechanical restraint more or less used, yet I may say, after a quite extensive personal observation of the refractory wards of British asylums, that I have never happened to witness any patients struggling in the hands of attendants. And I also observed that the female patients were controlled by female attendants not of conspicuously muscular proportions. As to the other alternative, the statistics hereafter to be presented will throw some light.

Happily the experience of the British alienists has not confirmed these and other theoretical objections to the principle of non-restraint. For in the presidential address of Dr. D. Hack Tuke before the British Medico-Psychological Association, in August last, I find the following sentence: "No one will call in question the statement, as a historical fact, that the commissioners of lunacy and the medical superintendents of asylums in this country are, with few exceptions, in favor of 'non-restraint.'"

In the matter of professional communion the Straits of Dover is as wide as the Atlantic, and so we find that some of the French alienists, unaffected by the triumph of non-restraint in Great Britain, are urging the same objections to the doctrine common

in this country, and especially the allegation that chemical restraint is the substitute for mechanical restraint in the British asylums.

It becomes, therefore, a question of some importance to determine whether the statement is true. It occurred to me that I could, by some comparative statistics from the asylum registers of Great Britain and the United States, settle the question to the satisfaction of the medical profession in this country.

It is hardly necessary to say that there is a legitimate use for chloral and the narcotic remedies in the treatment of insanity as in other diseases. Some of the more commonly manifested symptoms of the disease obviously indicate their use. Nevertheless here, as in the domain of medicine generally, drugs are not to be given when other remedial agencies will avail. But I think that it will appear from the accompanying statistics that in some asylums soporifics and sedatives are administered so continuously and in view of such indications as to warrant the term "chemical restraint."

That chloral is given empirically no one can doubt. It is also evident that pathological considerations do not determine, always if ever, in the employment of hyoscyamia. At all events, we find one superintendent of an asylum who has used it largely, internally and by hypodermic injection, commending its use in acute mania, chronic paroxysmal mania, melancholia, and paresis, besides finding it useful in hysteria and chorea. As he puts it, "The cases of mania in which it was administered may be divided into those who are maniacal, raving, noisy, incoherent, and opposing necessary care, and destructive of clothing; second, such as have occasional periods of maniacal excitement; and third, such as are uneasy, talkative, restless, and sleepless. The cases of melancholia may be divided into three classes; such as had periods of frenzy, sometimes endangering life; such as persistently and determinately resisted care and food under delusions; and such as would wear themselves out from restlessness and constant motion."

The *modus operandi* of a remedy is supposed to determine its

application, and he therefore suggests the following principle for the guidance of others : " I am inclined to think that it produces an effect upon the cerebral nerve tissue of a beneficent character, quieting the irritable and excited brain quite as markedly as preparations of opium, in their influence on nerve tissue, will relieve pain."

" Dr. Kempster, of the Wisconsin Asylum," according to the statement of Dr. Squibb, who is engaged in the manufacture of hyoscyamia, " has used this remedy quite largely, and considers it as a most admirable substitute for physical restraint. He says that with the proper use of hyoscyamia he thinks it may never be necessary to use the straight-jacket or other means of restraint, and that the maniacal patients who cannot be controlled by its use he believes are very rare. He uses it hypodermically."

In this case it is not an improper use of language to speak of it as chemical restraint.

Some fifteen months after the introduction of chloral at the Utica Asylum Dr. Andrews described the mode of its use.

" The whole amount used is 90 lbs., which has been prescribed in 370 cases, as follows :

FORM OF DISEASE.	MEN.	WOMEN.	TOTAL.
Mania . . .	69	119	188
Melancholia . .	30	59	89
Dementia . .	18	50	68
Paresis . . .	12	1	13
Epilepsy . .	2	2	4
Employés . . .	3	5	8
	134	236	370"

It is further related that 15 of the number took it nightly, on an average, for some 200 successive days. The average dose employed 30 grains. It can hardly be questioned, then, that in that particular institution this remedy was used in a somewhat routine way.

Some five years since a fatal accident happened in a Western

asylum. An investigation followed by the Board of State Charities. In their report to the Governor occurs the following paragraph : "The use of chloral hydrate to produce sleep at night, common, as we are informed, in the majority of hospitals, is carried to a considerable extent at this asylum. The night-list of medicines administered shows that about sixty patients (ten per cent.), on an average, take chloral every night, the average dose being from 30 to 35 grains, in combination with whiskey, opium, or fluid extract of hyoscyamus."

It may be well at the outset to say that it would be easy to furnish competent general statements from British authorities in denial of the assertion that "chemical restraint" is the substitute for mechanical restraint in British asylums. One will suffice.

The Lunacy Commissioners of Scotland remark in their annual report for 1877 : "Mechanical restraints and seclusion are probably as little used in the treatment of the insane in the asylums of Scotland as in those of any part of the world." And again, "Stimulants appear to be decreasingly consumed in Scotch asylums. * * * Even more than in the case of stimulants, the use of narcotics appears to be diminishing. In some large asylums sleeping draughts are rarely given. Increasing attention, however, is bestowed on all those arrangements which tend to secure sound and refreshing natural sleep."

But to come to comparative statistics, it may be remarked, then, first, in a general way, that the cost of medical supplies in British asylums for the insane is very much less than in those of the United States. The average annual cost, per patient, for such supplies in Great Britain is about one dollar. (See Lunacy Reports for 1880.) The cost in American asylums, from two to six times as much.

Secondly, to attain more precise results, the following circular was sent to the superintendents of some 20 British asylums :

"DEAR SIR :

"It is alleged in this country by the opponents of the doctrine of 'Non-Restraint' that in the British asylums, where restraining

apparatus is least used, resort is had in large degree to the use of the so-called chemical restraints. I have prepared the accompanying circular of questions, to be sent to a dozen or more British asylums, where restraint is least used, that I may learn the extent to which sedatives and narcotics are used as substitutes for mechanical restraint.

"Will you kindly fill out the enclosed blank and return it to me."

"Name of Institution . . . . Number of Patients . . . . Males . . . . Females . . . .

"Average number of patients to whom chloral is administered each day . . . .

"Average number of patients to whom hyoscyamia or other narcotic is administered to allay excitement . . . .

"Number of instances of seclusion for a month past . . . .

"Number of occasions for the use of mechanical restraint for a month past . . . .

"Remarks."

I am now able to give the returns from 15 British asylums. I have also, by correspondence, obtained similar statistics from some American institutions. These are embodied in the following tables.

With reference to the first two tables, namely, those relating to British and Canadian asylums, it should be remarked that the statistics were taken from the registers of the several asylums for the month preceding the receipt of my request.

It is hardly necessary to say that these statistics relate to institutions that are recognized as among the best in Great Britain, that the medical superintendents who are in charge of them are conspicuous for ability and success, and, further, that the ratio of recoveries in these asylums will compare favorably with that of similar institutions in the United States.

To these tables should be appended some of the remarks that have accompanied the returned circulars.

Thus, the patient restrained at West Riding was so restrained for surgical reasons. Patients there, especially epileptics, are frequently kept in bed, for excitement, the door not being fastened. Only one patient has been restrained since 1877.

TABLE NO. I.—BRITISH ASYLUMS.

Name.	No.	Number of Patients.	Monthly occasions of restraint.	Monthly number restrained.	Monthly occasions of seclusion.	Monthly number secluded.	Average number to whom chloral is daily administered.	Average number to whom hyoscyamia or other narcotic is administered to allay excitement.
West Riding Asylum . . .	1	1,410	1	1	2	2	31	38
County Asylum, Chester . . .	2	533	none	none	none	none	none	4 Morphia used occasionally
Hull Borough Asylum . . .	3	163	"	"	"	"	1	2
Montrose Royal Lunatic Asylum	4	485	"	"	19	1	3	1
Brookwood Asylum, Surrey .	5	1,050	"	"	none	none	10	1
East Riding Asylum	6	286	"	"	"	"	½	none
Hanwell Asylum	7	750	"	"	"	"	none	"
Burntwood Asylum, Litchfield	8	600	"	"	"	"	"	"
Royal Edinbur'h Asylum. . . .	9	832	"	"	20	"	1	"
North Riding Asylum . . .	10	546	2	1	3	"	7	9
Royal Asylum, Gartnavel . .	11	483	none	none	none	none	6	14
Richmond Dist. Asylum, Dublin	12	1,013	"	"	3	1	11	2
Dr. W. C. Hill's, Norfolk	13	620	"	"	none	none	none	20
County Kent Co. Asylum	14	1,200	"	"	"	"	"	none
Woodilee (near Glasgow . . .	15	448	"	"	"	"	"	"
		10,419	3	2	47	4	70½	91

TABLE NO 2.—CANADIAN ASYLUMS.

Name.	No.	Number of Patients.	Monthly occasions of restraint	Number restrained.	Monthly occasions of seclusion.	Number secluded.	Average number to whom chloral is daily administered.	Average number to whom hyoscyamia or other narcotic is administered to allay excitement.
Nova Scotia Hospital for Insane	1	380	117	11	17	5	none	none
London, Ont., Asy'm for I'sane	2	851	61	8	13	9	"	"
Toronto, Ont., Asy'm for I'sane	3	673	10	3	4	2	2	3
Hamilton, Ont., Asy'm for I'sane	4	537	6	—	4	—	5	5
Kingston, Ont., Asy'm for I'sane	5	430	4	—	13	—	occasional	occasional
		2,871	198		51			

TABLE NO 3.—ASYLUMS IN UNITED STATES.[1]

Name of Asylum.	No.	Number of patients.	Monthly occasions of restraint.	Number restrained.	Monthly occasions of seclusion.	Number secluded.	Average number to whom chloral is administered daily.	Average number to whom hyoscyamia or other narcotic is administered to allay excitement.
Northern Hospital, Wisconsin	1	541	48	—	1	1	24	8 daily
Cook County Asylum, Illinois	2	440	480	—	60	—	33	—
Kings County Asylum, N. Y.	3	868	none	none	—	8 daily	5½	6 a month
Worcester Hospital, Mass.	4	594	69	—	71	—	22	no record
Retreat for Insane, Hartford, Conn.	5	121	2	—	2	—	4	1 daily
Willard Asylum, New York	6	1,727	—	6 daily	7	—	27	10 "
Athens Asylum, Ohio	7	586	none	none	116	58	20	none
Longview Asylum, Ohio	8	661	8	—	11	—	8	1 daily
Dayton Asylum, Ohio	9	591	118	6 daily	309	—	29	—
Northern Asylum, Elgin, Ill.	10	526	483	—	25	—	26	5 daily
Insane Criminal Asy'um, N.Y.	11	131	1	1	5	—	1½	5 a month
Middletown, Connecticut	12	582	16	3	43	15	21	1 daily
Minn. Hospital for Insane	13	530	67	43	24	17	6	2
Southern Asylum, Anna, Ill.	14	486	350	—	129	—	12	3
Eastern Illinois Asylum	15	175	12	—	22	—	—	3
Homœopathic, New York	16	244	5	3 daily	—	—	none	none
Central Hospital, Illinois	17	641	483	32	2	—	73	48
Western Asylum, Kentucky	18	473	16	—	12	—	9	8
Hudson River Hospital	19	250	—	6	none	—	29	12
State Insane Hospital, Wis.	20	548	2,547	—	13	—	4	10
Danvers, Massachusetts	21	643	138	—	161	—	5	3
Northampton, Massachusetts	22	471	25	10	26	—	none	none
S. Lunatic Hospital, Harrisburg, Pa.	23	353	3	—	21	—	18	3
Taunton Lunatic Hospital	24	574	14	—	6	—	20	—
N. J. S. Lunatic Asylum	25	586	180	—	150	—	118	none
Newburg, Ohio	26	625	24	—	38	—	47	21
(see postscript)		13,967			1,254		561	139

[1] This table is incomplete in some of its columns because the reports upon which it is based were imperfect.

Dr. Major also remarks: "I believe it to be a great mistake to consider that with us non-restraint depends in any degree upon our use of sedatives. Were sedatives taken from us entirely I am sure we should not use more than we do now. Here, also, I have cases who have *most destructive tendencies and habits*, and who, I feel sure, if restraint were in use would be restrained; but they are not restrained and are not habitually on sedatives. I still believe that in *rare* instances restraint (other than surgical) is of advantage to the patient, and, therefore, should be resorted to; but I think those cases so rare as to be quite an event in procedure."

The case of seclusion at the Montrose Asylum was a homicidal epileptic, who, after a series of fits, voluntarily remains in bed; at other times works on the farm on parole.

Dr. Whitcombe, of the East Riding Asylum, remarks: "At the present time not a single patient is under treatment to allay excitement. The chief means used here are employment, out-door exercises, and in- and out-door amusemements. Restraint and seclusion are rarely, if ever, needed. I look upon chemical as one of the most pernicious forms of restraint,"

Dr. Brushfield, of the Brookwood Asylum, says "that mechanical restraint has not been used in the asylum since its opening in 1867. Seclusion (that is, shutting up a patient by himself) has not been practised since the year 1875. The numbers given are beyond the usual average; and such remedies are never used continuously with any patient for any period."

Dr. Rayner, of the male department of Hanwell Asylum, adds: "In the nine years I have been here I have never used mechanical restraint, although I should not hesitate to do so if the necessity arose. I never use sedatives to allay excitement, and narcotics to procure sleep very rarely; no patient has sleeping draughts as a habit, and probably not more than two or three such draughts are given in a month. My rule is, 'Better no sleep than a stupor from drugs,' of whose action we only know that they gravely affect the processes of nutritional repair; that the most protracted cases of mania are those in which narcotics have been used; the most in-

tractable cases of insanity, those which have been most freely treated with sedatives and narcotics."

Dr. Davis, of the Burntwood Asylum, says: "I have just left the asylum, but during the 17 years that I was there I had no recourse to seclusion or restraint. I always found that plenty of food and extras, such as stimulants in arrow-root, quieted the most turbulent cases."

Dr. Nicholson, of the North Riding Asylum, says "that the two occasions for restraint mentioned were in the case of one individual for surgical reasons. Hyoscyamia is only given in two cases at present, the principal other sedatives being opium and its preparations."

Dr. Yellowlees, of the Gartnavel Asylum, referring to his figures, says: "Chloral is given at bedtime and usually with bromide of potassium. It is very rarely given by day, and at night only if required. Two (2) melancholics are taking regular doses of liquid extract of opium, and about 12 patients, including epileptics, are taking bromide of potassium regularly. This is the whole sedative drug treatment for the month. Hyoscyamine has never been used here, as I am satisfied it is dangerous, and greatly doubt if it is really beneficial. The two patients secluded were each secluded on two occasions. One of them is an epileptic. Last month there was but one patient in seclusion, and only on two occasions, for epileptic mania. I do not hesitate about using restraint if I think it necessary for the patient's welfare, but have had no case requiring it for a long time. Such a case may not occur once in a whole year. Of course I exclude cases where some surgical necessity may demand it. I do not consider the use of padded gloves, enveloping the whole hand, to be "restraint" at all, and occasionally employ them in cases of determined suicidal attempts or of extreme destructive violence, but only with express medical sanction. * * * * * Mechanical restraint tends in the vast majority of cases to the injury of the patient instead of to his benefit, and therefore—*and only therefore*—it should be dispensed with as far as possible,—which means, practically, that it is all but completely disused. I hold a similar

opinion about the so-called 'chemical restraint,' as my practice proves."

Dr. Davies, of the Kent County Asylum, said in a letter to the *Journal of Mental Science*, Jan., 1881: "Chemical restraint has long since ceased to be practised here. I did not make the change suddenly; it has been a gradual transition. I used to give large doses of morphia, chloral, etc.; then less, and now none."

Dr. Hill, of the Norfolk Asylum, "while not an advocate for the routine use of sedative drugs, thinks his practice of administering them to about three per cent. of his patients beneficial."

Dr. Merson, of the Kingston Asylum, says: "The returns I send you represent perhaps more than the usual average of patients taking medicine to allay excitement. Chloral I never use to allay excitement, except in the case of epileptics subject to outbursts of fury before or after fits, and in these cases its action is simply marvellous. I never give it for prolonged periods in cases of chronic excitement. My experience here is of course limited to small numbers, but so far as it goes I am inclined to think that, as with mechanical restraint so with chemical restraint, the less they are used the less need we shall have to use them."

Dr. Rutherford, of the Woodilee Asylum, says in his last annual report, after describing the thoroughness of his system of occupation of patients: "This full employment of the patients renders it possible to give greatly extended liberty, and to do away with all remaining forms of mechanical or chemical restraint, such as walled courts, locked doors, stimulants, narcotics, and sedatives."

In the Montrose Asylum for the whole year 1877, with 549 patients, only three men and twenty-two women had draughts given to induce sleep, most of them only occasionally, some only once. In only four instances were the draughts given continuously.

In the English as in the American asylums the Irish are regarded as the most turbulent patients; yet it will be seen by the returns from the Richmond Asylum, Dublin, that with 1,013 patients there was no mechanical restraint, and only one patient

secluded, on three occasions and for a total period of four days and four hours.

Dr. Lalor also kindly sends me his record of seclusion for the prior six months. From this I learn that thirteen patients were secluded on one occasion each, one patient on two occasions, and one on five. The total aggregate period of seclusion of the fifteen was 205 hours.

Accompanying the Canadian tables were the following remarks:

"The cases of seclusion at the Nova Scotia Asylum were for brief periods, usually from one to three hours. Under restraint: two male patients muffed, nightly, and two females, one for four nights and the other for twelve, constitute the most of the occasions."

Dr. Bucke, of the London Asylum writes, that the average duration of each instance of seclusion was less than two hours; of each instance of restraint about nine hours. He adds: "I use no sedatives here, and no *alcohol* in any form. I find that my patients rest better at night and need sedatives less, since I ceased to use alcohol. I never give medicine except for bodily ailments. Restraint of all kinds has been much reduced at this asylum during the last few years. I hope to do without it altogether, after a time."

Dr. Clarke, of the Toronto Asylum writes that to no patients is either chloral or any other drug given habitually or continuously. In the male department only three have been restrained in thirty-two months.

Dr. Wallace, of the Hamilton Asylum writes that the figures for the past month, are in all respects higher than usual; chloral is never given except in cases of extreme excitement. Merck's hyoscyamine is used, and is in many respects superior to chloral, though the after-effects are more disagreeable. The only forms of restraint used are the camisole, muff, and restraint-bed. In cases of extreme excitement and continued insomnia the restraint-bed is used with the best results to the patient. It enforces rest without the use of sedatives, which must always be more or less injurious when frequently repeated. The patient cannot injure him-

self or others, and the position almost always induces sleep and prevents fatal exhaustion in violent maniacal cases. Muffs are sometimes used, but the camisole preferred, being less uncomfortable and quite as effective. Alcohol has not been used in any form unless in tinctures for the past two years.

Dr. Metcalf, of the Kingston Asylum writes: "None of our patients regularly or constantly receive sedatives or narcotics. We administer an occasional dose whenever we think benefit will be derived. Sometimes we give half a dozen doses to the same patient, but rarely more than one or two consecutively. Seclusion simply means putting the patient, for as short time as possible, into an ordinary single bedroom. We use for restraint the leather muff, or simply the wristlets belonging to the muff."

Remarks accompanying and explanatory of the statistics of asylums in the United States:

In the table relating to asylums in the United States I have purposely omitted the names, designating them only by numbers to avoid offence. Two of the asylums, Nos. 2 and 3, are county institutions; the others, with one exception, state institutions.

In some of the States where there were several asylums my application for the statistics was made through the Boards of State Charities. In others it was made direct to the medical superintendents. In a few cases the record was made for the month succeeding the date of application, and, therefore, possibly may not represent the average monthly record for the year. In interpreting the term "occasions" of restraint or seclusion, it may be well to state that the reporter, as a rule, has called a week or month of continuous restraint as seven or thirty occasions, as the case may be.

The superintendent of No. 1 remarks that the numbers do not refer to the same individuals; in other words, that the patients are not necessarily taking the remedies continuously. Of the patients in No. 4 it is remarked that "fifteen are convicts." The total number of hours that patients were secluded was 1,601. This number was swelled by the fact that three persons were in seclusion for the whole twenty-four hours during the entire month.

The superintendent of No. 5 says: "The cases of mechanical restraint were two females, and only for short periods; and consisted of a linen waist with closed sleeves. In one case the patient was persistently suicidal, and in the other destructive of clothing."

No. 6 is doubtless improperly stated in the table. The return states that, on an average, three by day and three by night are restrained for suicidal propensities.

The return from No. 8, under instances of seclusion, reads: six regularly; eleven, total.

The return from No. 9 states that "the number 29 includes all who take any kind of sleeping draught"; also, "average number of instances of seclusion for each day of the month, $2\frac{2}{3}$, males, and $7\frac{3}{5}$, females; of restraint for each day, males, two; females, four."

The superintendent of No. 10 remarks—and the remark will doubtless apply to other American asylums—"that during the summer months there is greater need of restraint on account of greater irritability of patients."

The superintendent of No. 11 reports that only three of the cases secluded were on account of mental excitement.

The superintendent of No. 13 writes: "I wish to say that if the number under restraint appears large, it is made so, to a considerable extent, on account of our crowded condition. It is not quite proper to compare our list with a hospital where each patient can have a separate room, when we are obliged to keep two and three in *single* rooms and apply restraint to prevent assaults and homicides."

The superintendent of No. 15 gives the average duration of the periods of seclusion as nine hours.

The report of No. 16 in the table is doubtless improperly stated. The return reads: "Restraint of a mild form is used on between *one and two per cent.*, on the average."

The superintendent of No. 17 gives the following explanation of his use of restraint:

4 wore wristlets during month, for violence.
4 " " " the day, for the month, for violence.
2 " " " 21 days " "
2 " muff " 14 " for general destructiveness.
3 " " " 21 " " " " of bedding.
1 " " " 26 nights, violence to self.
1 " " " 8 days " " and others.
1 " " " 19 " " " "
1 " " " 3½ " destructiveness.
2 " " " 1 day "
3 wore camisole " 7 days "
1 " " " 2 " "
2 " " " 1 day "
1 " " " 1½ " "
1 confined to bed to economize strength.
1 restrained to bed 3 nights.

The superintendent of No. 20 remarks: "The restraint has been for short periods, averaging one hour and a half. The occasions for restraint are often, with a few patients, four or five times daily of one hour each, during periods when they cannot be watched by attendants, and generally consist of a belt passed around the patient and through metal loop on chair. The construction of the building and its crowded condition renders seclusion almost impossible. The large number (40 to 50) in a ward makes mechanical restraint necessary in a much greater number of cases than would otherwise be useful."

The asylum, No. 20, is in the same state with No. 1. The State official whose duty it is to inspect these institutions, and who sends me these returns, writes as follows: "Notwithstanding the large discrepancy which appears on the face of the answers to the questions, I am satisfied, from a somewhat careful inquiry, that if any, there is no substantial difference in the amount of restraint practised in our hospitals. The difference is in the manner of reporting."

The superintendent of No. 25 gives chloral only as a hypnotic; the dose usually given 15 grains, seldom more. Narcotics are never given to allay excitement. No bad effects have resulted

from his mode of administering chloral. No cases are ever kept under constant seclusion or restraint. Restraint not applied, except by the authority of the physician. Patients from the state prison are sent to this asylum,—many of them homicidal cases; hence, in part, the amount of mechanical restraint.

Some half a dozen of the superintendents of asylums in the United States have failed to respond to my inquiries, evidently unwilling to furnish the desired statistics. With reference to one of these, I learn from an authentic source that about ten per cent. of the patients are daily taking either chloral, hyoscyamia, or a combination of the two remedies.

Dr. Tuke, in the inaugural address from which I have already quoted, in comparing the old system of management of the insane with the new, remarks: "The old system desired secrecy; the new is not afraid of publicity." It is evident that some of the institutions of the United States have not fully come out from under the influence of the older system.

My space would not allow me to give all the explanatory remarks accompanying the statistics of the several asylums. I have meant to give enough to avoid doing injustice to any. I may, therefore, now proceed to make a few comments on the above tables.

First, the use of sedatives and narcotics, the so-called "chemical restraint," is not the substitute or alternative for mechanical restraint either in British asylums or in the two or three American asylums where the principle of non-restraint has been lately on trial. On the contrary, the general rule seems to be: the more mechanical restraint, the more chemical restraint.

On reflection, this need not surprise any one. For if, as one American superintendent states it, "rest is vital to successful treatment of acute mania," mechanical restraint will not suffice, as it merely limits the range of muscular action, neither fully controlling the patient's efforts nor quieting the violent and exhausting action of his vocal organs. Till some ingenious superintendent shall invent a protective gag and still more efficient appliances of restraint, resort must be had to sedative drugs to secure the

vital rest. And so one superintendent writes that the narcotics he gives are not as substitutes for restraint, but in some cases associated with restraining apparatus.

Secondly, it appears that the British superintendents who have furnished these statistics not only do not regard such remedies as proper substitutes for mechanical restraint, but rather look upon their general use as unnecessary and even pernicious. Some of them even assert that such use protracts or perhaps prevents the recovery of the patients.

Thirdly, it will be seen from the opinions of the British superintendents, given in connection with the tables, that non-restraint, as held and practised by them, is no inflexible dogma. It is simply the practical disuse of restraining apparatus, because they have found by experience that other means and resources are better for the patient, except in very rare instances, in which event they would unhesitatingly accept the alternative. Of course, it will be seen that, besides the actual condition of the patient, the knowledge, tact, and skill of the physician will be factors in determining the application of the *dernier ressort.*

As has been already stated, the purpose of the present inquiry was merely to bring out the facts as to the comparative use of chemical restraint in British and American asylums. Incidentally another has been served. It is this. Although during the last four or five years there has been a great diminution in the use of restraining apparatus in the insane asylums of the United States, yet it is obvious from the table that mechanical restraint is now used in some to a degree that will surprise most British alienists. Some of their number have visited a few of our institutions when in this country. They have been told by the superintendents that little resort was had to restraining apparatus, and with the known non-restraint opinions of such visitors, such apparatus has, not unnaturally, been kept out of sight and out of use for the time being. These gentlemen have gone away deceived, as Dr. Bucknill was, as to the amount of restraint used. He spent several days at the Utica Asylum, and also travelled with Dr. Gray, its superintendent; and yet he wrote of his visit in his Notes on American

Asylums: "*That he saw none in restraint or seclusion at Utica, and that Dr. Gray differed from his American brethren in not using restraint.*"

It will not be out of place, in connection with these tables, to give a summary of the facts relating to the use of restraint and seclusion in British asylums.

It is the more desirable, because these facts are not always fairly represented. Thus, Dr. Gray, the editor of the *Journal of Insanity*, has lately returned from a visit to Europe, where, as he says, "he gave particular attention" to the subject of restraint. Since his return, at the suggestion of his Board of Managers that he should give them "a full presentation of the present status of professional opinion and practice on the question of restraint, whatever it be, fortified by such facts of experience as may throw light upon it *and furnish its justification*," he has come out with an elaborate defence of the use of mechanical restraint.

His own opinions given in the paper will have no more influence with thoughtful men, because he insists that, upon this subject, as well as the intimately correlated topic of employment for the insane, they have undergone no change during the last twenty years. Certainly, the light that has been thrown upon these subjects by British experience during that period, ought to have modified the views of every intelligent alienist.

He lays down three rules for the use of restraining apparatus.

"1st. *Cases of suicidal disposition where it is so determined and persistent that watchfulness will not secure the necessary safety.*

"2d. Where there is determined and persistent disposition to self-maiming or injury, or denuding the person, or debasing self-abuse.

"3d. *Where there is great destructiveness or violence toward others.*"

With the known characteristics of insanity we have in the above rules a warrant for a quite liberal use of mechanical restraint.

Dr. Gray uses the camisole, wristlets, the waist-belt, buckskin mittens, and, in rare instances, the leather muff. He makes no mention of the crib-bed, of which he has some thirty in number;

though in other asylums they are certainly used as means of restraint, if not at Utica.

The general conclusion of his paper is, that there is no real difference in principle among experienced professional men who have devoted their lives to this specialty ; that the English Commissioners of Lunacy and the superintendents recognize the necessity of some mode of protective restraint ; but having no settled convictions in favor of any particular method, they use coercive measures in the form of seclusion, the use of padded rooms, wet and dry packing, showering, and manual force of attendants.

The chaplain of the Utica Asylum has also, in a late number of the *Journal of Insanity*, attempted to show that non-restraint is a failure in England. The point upon which he lays most stress, perhaps, is the following :

" The report (referring to the Annual Lunacy Report) gives considerable attention to a review of cases of suicide in various institutions, in some of which deficiency of attendants is mentioned, but no reference is made, in connection with the circumstances related, *to the practicability of limiting these casualties by the judicious use of restraint.*" The thought is, that the English superintendents do not make what he calls a judicious use of restraint ; that if they did, some of these suicides might have been avoided. The English statistics of restraint are as follows, taken from the Lunacy Report of 1880 :

The county and borough asylums of England, which correspond in the main to our state asylums, are 59 in number. They contained 38,209 patients.

Twenty-nine of these, including an insane population of 17,756, or 46 per cent. of the whole number, used no mechanical restraint.

Eight with 5,057 inmates used neither restraint nor seclusion.

Eight with a population of 5,446 had, during the year, each but one occasion to use restraint, and that usually for surgical reasons.

In six others, with a population of 3,437, 27 patients were re-

strained by what is known as the "wet-pack" or "dry-pack." In these cases medical considerations prompted their use, as well as the purpose of restraint.

Of two asylums with 1,470 patients, the Commissioners of Lunacy make no mention of the use of restraint.

In fifteen asylums, with a population of 12,651 restraint, was used in the case of 115 persons. In a large number of these cases it is expressly stated that restraint was used for surgical reasons. But for any reason, in these fifteen asylums less than one per cent. of the persons were subjected to mechanical restraint.

Taking the aggregate population of all the county and borough asylums, less than four in a thousand ever had applied to them any form of mechanical restraint.

If we compare these statistics with the report of No. 17 asylum in Table 3, it will be seen that there is more restraint used in that single institution than in all the county and borough asylums of England.

And as the managers of the Utica Asylum have expressed a desire for light upon this question of restraint, we may add that counting the crib-bed as a form of mechanical restraint—and it most certainly is—there is more mechanical restraint used in their institution than in all the borough and county asylums of England. For, regarding all the 38,000 patients in such asylums as in one institution, the average number of persons under mechanical restraint, at any one time, would be but three.

As to seclusion, which means, according to the definition of the Lunacy Commissioners, putting the patient in a room by himself, usually with the door unlocked, out of 38,209 patients, only 911 were secluded. Of these, 47 were so secluded for bodily illness and not for excitement.

Deducting these and fourteen others, who for special reasons were secluded for protracted periods, the remaining 850 patients were each secluded, on an average, less than two days.

Following on the heels of this disuse of mechanical restraint have been other improvements in the same direction, which I have not space to describe.

Comparing the above statistics with those of the asylums in the United States, as seen in Table No. 3, and making allowance for the fact that the statistics in the one case are for a month, with an insane population of but 13,342, while in the other they are for a year, with a population of 38,209,—it will be seen that the difference in practice between the British and American superintendents, in the matter of restraint, is broader than the Atlantic.

But the alleged casualties are one of the bugbears of the non-restraint system. We have, unfortunately, no grounds for comparative statistics, for there is no public record of such events in American asylums. The English Lunacy Reports give publicity to all occurring in their asylums. The record for last year was as follows : With the 38,209 patients in county and borough asylums, more or less of them epileptics, paretics, and cases of senile dementia, 2 were scalded, 1 killed by another patient, 3 cases of broken ribs, one of which was through his own violence. I observe that these occurred principally in asylums where restraint was not wholly abandoned. I also observe that the list of such casualties is annually diminishing, in spite of the progress of the non-restraint principle.

There were eight suicides in these asylums. Here comparison is not entirely at fault. Thus, during the year 1875, I made some investigations and published the results, which have never been questioned. In the year 1875, in all the insane asylums of England, with a population of some 43,000 patients, there were but 21 suicides, or one to every 2,000 patients. During the same period, in 40 American asylums, containing 17,000 patients, there were 35 suicides, or one to every 500 patients. In other words, suicides were four times as common in American asylums as in those of England.

I may venture another comparison The most pronounced opponents of the principle of non-restraint in this country are the superintendents of the asylums at Utica, and at Newburgh, Ohio.

In the county and borough asylums of England there were during the last year 4,291 deaths, and one suicide to every 536 deaths.

During the last 17 years, or as far back as my file of the Utica

Reports extends, there have been 951 deaths and 17 suicides, that is, one suicide to every 56 deaths!!

At the Newburgh Asylum since its opening there have been 418 deaths and 15 suicides, or one suicide to every 28 deaths!!!

In conclusion, I think that it may be said—carrying the convictions of the reader—primarily, that "chemical restraint" is not the substitute for mechanical restraint in British asylums; incidentally, that the principle of non-restraint is not a failure in England; that casualties are not confined to non-restraint asylums; and lastly, that some of the advocates of mechanical restraint seem to be reluctant to have their methods made known to the profession generally. H. B. WILBUR.

Postscript.—The author of the above editorial article had intended not to name the various American asylums set down in his table, but had referred to them simply by numbers. I consider the subject one of such great importance to the medical profession, and to the public generally, that I have assumed the responsibility of re-inserting those names. This being done, persons interested in the more humane and intelligent care of the insane will know where to look for remnants of barbarous measures, for overdrugging, and for excessive suicide. E. C. SEGUIN.

ARCHIVES OF MEDICINE FOR 1881,

A BI-MONTHLY JOURNAL,

Edited by Dr. E. C. SEGUIN, with the assistance of many prominent physicians in this country and abroad, enters upon the third year of its existence.

The **Archives of Medicine** will continue to be published every two months.

Each number is handsomely printed in large octavo form on heavy paper, and contains from 104 to 112 pages. The articles are illustrated by means of lithographs or wood-cuts wherever necessary.

It is intended to devote the whole of each number to original matter, consisting of original communications or editorial articles, reviews of books, and a record of important cases.

The Abstract Department has already been omitted in two numbers. The principal reason for this change is that the editor believes that the profession are ready to support a journal devoted to original communications and *bona fide* reviews.

Especial attention is given to the review department, and while every pains is taken to secure the services of unprejudiced reviewers, they are asked to criticise or praise without fear or favor and to assume the responsibility of their statements by appending their initials to the reviews.

The following *Editorial Articles* have appeared during the year 1880: Mr. Lister's Antiseptic Method, by Dr. LEWIS A. STIMSON; Our Asylums as seen by a Competent Foreign Visitor, by Dr. VON DEN STEINEN; Observations on the Insane Asylums of California and Nevada, by Dr. R. W. BIRDSALL; The Right of the Insane to Liberty, by the EDITOR.

Among the *Original Articles* may be mentioned the extensive papers by Dr. N. M. SHAFFER, On the Hysterical Element in Orthopædic Surgery; by Dr. MARY PUTNAM JACOBI, On the Use of the Cold Pack, followed by Massage, in the Treatment of Anæmia; and Dr. AMIDON's Prize Essay on the Temperature of the Head.

COLLABORATORS.

London.—Drs. J. HUGHLINGS JACKSON, J. BURDON-SANDERSON, and SYDNEY RINGER.
Paris.—Profs. J. M. CHARCOT, J. MAREY, and A. OLLIVIER.
Germany.—Prof. Dr. W. ERB, of Leipzig.
Philadelphia.—Profs. D. HAYES AGNEW, M.D., J. M. DA COSTA, M.D., WILLIAM GOODELL, M.D., ROBERTS BARTHOLOW, M.D., S. W. GROSS, M.D., and Drs. THOS. G. MORTON, E. O. SHARESPEARE, and J. C. WILSON.
Boston.—Drs. JAMES R. CHADWICK, CHARLES P. PUTNAM, JAMES J. PUTNAM, and SAMUEL R. WEBBER.
Baltimore,—Prof. E. T. MILES, M.D., Dr. I. E. ATKINSON.
Hartford, Conn.—Dr. SAMUEL B. ST. JOHN, Dr. M. D. MANN.
Albany, N. Y.—Prof. SAMUEL B. WARD, M.D.

NEW YORK CITY AND BROOKLYN;

Prof. C. R. AGNEW, M.D., Prof. FORDYCE BARKER, M.D., Prof. FRANCIS DELAFIELD, M.D., Prof. W. D. DRAPER, M.D., Prof. AUSTIN FLINT, Sr., M.D., Prof. WILLIAM A. HAMMOND, M.D., Prof. A. JACOBI, M.D., Prof. MARY PUTNAM JACOBI, M.D., Prof. E. G. JANEWAY, M.D., Prof. E. L. KEYES, M.D., Prof. ALFRED L. LOOMIS, M.D., Prof. F. N. OTIS, M.D., Prof. M. A. PALLEN, M.D., Prof. THOS. R. POOLEY, M.D., Prof. D. B. ST. J. ROOSA, M.D., Prof. H. B. SANDS M.D., Prof. A. J. C. SKENE, M.D., Prof. R. W. TAYLOR, M.D., Prof. T. GAILLARD THOMAS, M.D., Prof. W. H. VAN BUREN, M.D., Dr. R. W. AMIDON, Dr. WM. T. BULL, A. FLOYD DELAFIELD, A.B., Dr. H. J. GARRIGUES, Dr. V. P. GIBNEY, Dr. L. CARTER GRAY, Dr. E. GRUENING, Dr. C. HEITZMANN, Dr. F. P. KINNICUTT, Dr. JAS. R. LEAMING, Dr. C. C. LEE, Dr. P. F. MUNDE, Dr. J. C. PERRY, Dr. N. M. SHAFFER, Dr. J. C. SHAW, Dr. J. MARION SIMS, Dr. A. H. SMITH, Dr. E. C. SPITZKA, Dr. L. A. STIMSON, Dr. CLINTON WAGNER, Dr. ROBERT WATTS, Dr. DAVID WEBSTER, Dr. R. F. WEIR, Dr. T. A. MCBRIDE, and others.

Subscription, per year, $3.00. Price, per number, 60 cts. Specimen number sent on receipt of 25 cts.

G. P. PUTNAM'S SONS, Publishers,
27 & 29 WEST 23d STREET, NEW YORK.